

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>[Signature]</i>
O.I.P.E. CLASSIFIER		48	8/14/00
FORMALITY REVIEW	BZ	JC-3 883	09-25-00
RESPONSE FORMALITY REVIEW	LH	60105	11-12-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	10/14/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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